

June 25, 1998

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

UTILIZATION OF PHYSICIAN ASSISTANTS

1. This information letter clarifies the appropriate utilization of Physician Assistants (PAs) in Veterans Health Administration (VHA) clinical settings and outlines mandatory training and national certification required for PA employment in VHA.
2. The "Prescription for Change" identified the need for a significant increase in the utilization of non-physician practitioners (including PAs) as VHA shifts its focus toward primary care. PAs are well suited to provide high-quality primary care since PA training programs are primary care oriented. About half of VHA PAs are veterans, which provides them with a heightened awareness of situations, stress, and experiences unique to veteran patients.
3. In order to improve the access and quality of healthcare to veterans, this letter provides information which will facilitate the ability of PAs to provide the full range of clinical duties for which they are educated and trained.
4. PAs are highly-trained healthcare professionals who are generally recognized (by 49 of 50 States and the Department of Defense) as being qualified to practice medicine with physician supervision. They are educated in a primary care medical model similar to physician training with an average program length of 108 weeks, which includes 2,000 hours of supervised direct "hands on" patient care in clinical rotations. PA training focuses on acquiring skills and clinical ability rather than the attainment of an advanced degree. Most entering PA students have a bachelor's degree and 4.5 years of healthcare experience.
5. The PA role is that of a clinician with delegated practice autonomy. The VA facility Chief of Staff, or appropriate governing body, by approving an individual PA's scope of practice, determines the PAs authorization to write medical orders, prescribe medications and perform a wide variety of clinical tasks under appropriate physician supervision. VHA medical facilities and networks are encouraged to develop policies for the use of PAs that will maximize their ability to provide care in hospital and community based settings. Physician supervision should include several of the following actions: direct patient contact, face-to-face discussion with the PA, telephone, video communication, e-mail, or periodic review of records. **NOTE:** *PA supervision and utilization guidelines vary from state to state. Under the doctrine of Federal supremacy, VHA is not constrained by state regulations except for the prescribing of controlled substances.*
6. The PA Field Advisory Group, under the direction of the Chief Consultant for Primary and Ambulatory Care (112), assisted in the development of a sample PA scope of practice statement. This example may be used or modified locally. **NOTE:** *It was developed in accordance with the Guidelines for Utilization of Physician Assistants (VHA Directive 10-95-020) and the General Guidelines for Establishing Medication Prescribing Authority for Clinical Nurse Specialists,*

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Nurse Practitioners, Clinical Pharmacy Specialists and Physician Assistants (VHA Directive 10-95-019).

7. The PA Qualification Standard was modified on March 12, 1993, to require certification by the National Commission on Certification of PAs (NCCPA) as a condition of employment. Non-certified PAs who were employed by VHA as of that date were "grandfathered in" and are exempt from this requirement. This exemption includes those PAs who did not take the initial certification exam, and those who took the initial exam, but did not maintain certification. Those PAs who held certification on March 12, 1993, are required to maintain current certification.

NOTE: *Scope of practice statements need not differentiate these groups of PAs.*

8. Following graduation from an accredited program, today's graduates must pass the NCCPA's PA National Certification Examination (PANCE) to gain certification which is designated as "PA-C." In order to maintain current certification, a PA is required to log 100 hours of continuing medical education (CME) credits every 2 years and pass the PA National Recertification Examination (PANRE) every 6 years.

9. In order to comply with these requirements, local officials are encouraged to grant PAs authorized absence to attend the required CME Programs and take these examinations in accordance with the provisions of VHA Supplement, to MP-5, Part II, Chapter 7, change 4, dated October 16, 1984.

S/ by Robyn Nishimi, Ph.D. for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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ATTACHMENT A

**SAMPLE
PHYSICIAN ASSISTANT (PA) SCOPE OF PRACTICE STATEMENT**

1. This Scope of Practice is written for _____, Physician Assistant (PA), of the _____ Service at the _____ Department of Veterans Affairs (VA) facility. The direct supervisor, to be known as the supervising physician, is _____. Additional physicians, _____, are designated as alternate supervising physicians. In addition, the PA works with consulting specialists, _____ (optional).
2. This Scope of Practice is specific to the duties and responsibilities of _____, PA, who is the supervising physician's agent in the provision of patient care. In the supervising physician's absence from the facility, the supervising physician will notify one of the preceding listed alternate supervising physicians to assume supervisory responsibilities until the supervising physician returns to duty.
3. Duties of the supervising physician include periodic assessment of patient care as evidenced by any of the following: direct observation of the PA's care; discussion of the care with the PA; or review of medical records. The supervising physician need not be physically present when patient care is being provided but must be readily available for consultation by telephone or other electronic methods.
4. As an agent of the supervising physician, _____, PA, is authorized to write medical orders on inpatients and/or outpatients assigned to the facility for care. Every order or prescription written by the PA will be within the parameters of their scope of practice and is considered as coming from the supervising physician. All orders, discharge summaries, progress notes, consultation requests, and history and physical examinations which are written by the PA will clearly be identified as such in the written or electronic medical records. Each inpatient's initial history and physical exam and discharge summary must be countersigned by the supervising physician.
5. For quality assurance purposes, a minimum percentage (____) or random number (____) of patient care records will be reviewed by the supervising physician on a monthly basis. The percentage of records reviewed will be commensurate with the experience of the PA and an assessment by the supervising physician regarding the level of oversight needed.
6. _____, PA, is authorized to write prescriptions for medications listed in the standard hospital/clinic formulary (or attached PA formulary), excluding controlled substances class II-V. (In VA facilities that are located within states which have provisions for controlled substance prescribing authority for PAs, the PA may be authorized to prescribe controlled substances in accordance with that state's regulations. In this instance, controlled substance prescriptions written in VA and signed by the PA must include the PA's Drug Enforcement Administration (DEA) number or the supervising physician's name and DEA number or the institutional practitioner DEA number). The prescribing practices of the PA will be periodically

reviewed by the supervising physician to assure that the PA is prescribing within the PA's identified scope of practice. These practices may include chart reviews and periodic reviews of Veterans Information Systems and Technology Architecture (VISTA) (formerly the Decentralized Hospital Computer Program or DHCP) printouts of prescriptions and/or orders by provider.

a. **Routine Duties** (check all those which are appropriate):

- ☐ (1) Performing initial histories and physical examinations on inpatients and outpatients. The supervising physician will review and countersign all admitting inpatient history and physical exams.
- ☐ (2) Providing ongoing outpatient and inpatient care for assigned patients.
- ☐ (3) Performing periodic physical examinations on nursing home and domiciliary residents.
- ☐ (4) Screening outpatients to determine need for further care.
- ☐ (5) Prescribing medications within defined scope of practice.
- ☐ (6) Ordering diagnostic studies such as laboratory tests, x-rays, electrocardiograms (EKGs).
- ☐ (7) Carrying out health promotion and disease prevention activities.
- ☐ (8) Drawing blood specimens for testing and performing other comparable lab procedures.
- ☐ (9) Initiating and expediting requests for consultations and scheduling special tests and studies.
- ☐ (10) Making daily rounds to observe and record each patient's medical progress, updating and summarizing medical records, changing orders when appropriate, and notifying the responsible physician of significant changes in the patient's condition.
- ☐ (11) Making interim summaries of the patient's medical record.
- ☐ (12) Dictating discharge summaries. The supervising physician must countersign the discharge summary.
- ☐ (13) Dictating notes on procedures performed for which the PA is responsible.
- ☐ (14) Providing education and counseling of patients and families in preventive care, medical conditions, and use of prescribed treatments and drugs.

b. **Non-routine and Non-emergency Duties**

(1) The PA is authorized to perform the following duties as granted. During the performance of the following duties, a staff physician must be available for consultation by telephone and, if summoned, be physically present at the site of the procedure within a reasonable period of time.

Procedure	Requested	Granted
(a) Administration of conscious sedation	_____	_____
(b) Administration of topical/local anesthesia	_____	_____
(c) Anoscopy	_____	_____
(d) Application of casts/splints	_____	_____
(e) Assist in the intraoperative care of patients	_____	_____
(f) Arthrocentesis	_____	_____
(g) Bone marrow aspiration	_____	_____
iliac crest	_____	_____
sternal	_____	_____
(h) Cryotherapy	_____	_____
(i) Endotracheal intubation	_____	_____
(j) Endotracheal suction	_____	_____
(k) Excise skin lesions	_____	_____
(l) Exercise stress test (ETT)	_____	_____
(m) Flexible sigmoidoscopy	_____	_____
(n) Gastric lavage	_____	_____
(o) Incision and drainage	_____	_____
(p) Insertion of foley catheters	_____	_____
(q) Insertion or removal of intravenous (IV) lines	_____	_____
(r) Insertion or removal of peripheral arterial lines	_____	_____

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| (s) Insertion or removal of central lines | _____ | _____ |
| (t) KOH preparation and microscopic evaluation | _____ | _____ |
| (u) Lumbar puncture | _____ | _____ |
| (v) Nasogastric intubation | _____ | _____ |
| (w) Needle aspiration of joints and/or bursae | _____ | _____ |
| (x) Pelvic exam and pap smear | _____ | _____ |
| (y) Punch biopsy | _____ | _____ |
| (aa) Reduction of simple dislocation | _____ | _____ |
| (bb) Remove foreign bodies (e.g., ear, nose, vagina) | _____ | _____ |
| (cc) Remove ingrown toenails and/or callouses | _____ | _____ |
| (dd) Suturing and/or closure of simple lacerations | _____ | _____ |
| (ee) Suture removal | _____ | _____ |
| (ff) Therapeutic injection of joints and/or bursae | _____ | _____ |
| (gg) Thoracentesis | _____ | _____ |
| (hh) Topical cautery | _____ | _____ |
| (ii) Wound debridement and care | _____ | _____ |
| Other: _____ | _____ | _____ |

(2) Emergency Duties

_____, PA, is authorized to perform the following duties for patients with a life threatening situation where a physician is not immediately available. A physician will be summoned as soon as possible.

- (a) Basic Life Support in accordance with current Cardio-Pulmonary Resuscitation standards.
- (b) Advanced Cardiac Life Support (ACLS) in accordance with ACLS protocols, to include defibrillation and cardioversion, if the PA has current documentation of successful ACLS course completion.
- (c) Treatment of life threatening traumatic injuries.

(3) **Additional duties may include the following, as appropriate:**

(a) Administrative duties. List:

(b) Precept healthcare students.

(c) Participate in clinical research.

c. _____'s Scope of Practice has been reviewed with the PA on _____ (date). After review of the PA training and individual skills, it is my opinion that the PA has the necessary skills to safely perform the aforementioned tasks. Both the PA and I have read and are familiar with VHA Directive 10-95-020 (Guidelines for Utilization of PAs), VHA Directive 10-95-019 (General Guidelines for Establishing Medication Prescribing Authority for Clinical Nurse Specialists, Nurse Practitioners, Clinical Pharmacy Specialists and Physician Assistants) and the _____ VA facility Bylaws. We agree to abide by the parameters of this Scope of Practice and all applicable hospital policies and regulations.

This Scope of Practice will be annually reviewed and amended when necessary to reflect changes in the PA's duties and responsibilities, utilization guidelines and/or medical center policy.

_____, M.D. _____
Supervising Physician Date

_____, PA _____
Physician Assistant Date

Concurrence:

Approved:

Service Chief Date

Chief of Staff Date

Reviewed:

Alternate Physician Date

Alternate Physician Date

Alternate Physician Date

Alternate Physician Date